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FACSIMILE TRANSMITTAL SHEET									
TO:	U.S. Patent and Trademar Group 3743 - N. Patel	k Office	FROM: Guy Tucker						
			PHONE NUMBER: (650) 620-5501	_					
FAX	NUMBER: 703-872-9306		FAX NUMBER: (650) 631-3125						
PHON	NE NUMBER:		DATE: September 13, 2004						
RE:	U.S. Serial No.10/852,408		PAGES: 13 (INCLUDING COVER)	<u>.                                    </u>					
U	RGENT   FOR REVIEW	PLEASE COMMENT	F PLEASE REPLY PLEASE RECYCLE						
NOTE	S/COMMENTS;								
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## Practitioner's Docket No. 0079.00

PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Schuler et al., Carlos

Application No.: 09/852,408 Filed: 05/09/2001

Group No.: 3743
Examiner: Nihir Patel

For: LOCKOUT MECHANISM FOR AEROSOL DRUG DELIVERY DEVICES

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Assistant Commissioner for Patents Washington, D.C. 20231

SEP 1 3 2004

## AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

#### **STATUS**

2. Applicant is other than a small entity.

#### **EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for three months:

Fee: \$950.00

## CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

#### MAILING

deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

Date: 9/13/04

#### FACSIMILE

transmitted by facsimile to the Patent and Trademark Office.

Signature

(type or print name of person certifying)

(Amendment Transmittal-page 1 of 5)

#### FEE FOR CLAIMS

The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Çol.1)		(Col. 2)	(Cal. 3)	OTHER T		
	Claims Remainir After Amendmo	ıg	Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee	
Total	36	Minus	36	= 0	x \$18 =	\$0	<del></del>
Indep.	4	Minus	4	= 0	x \$78 =	\$0	
First Presentation of Multiple Dependent Claim					+ \$260 =	\$0	
			• • • • • • • • • • • • • • • • • • •		Total	•	

Total Addit. Fee

No additional fee for claims is required.

#### FEE PAYMENT

5. Charge Account No. 500348 the sum of \$950.00. A duplicate of this transmittal is attached.

## FEE DEFICIENCY

If any additional extension and/or fee is required, charge Account No. 500348.
 If any additional fee for claims is required, charge Account No. 500348.

Date: 13 SEP 2004

Signature of Practitioner

\$0

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Guy V. Tucker Nektar Therapeutics 150 Industrial Road San Carlos, CA 94070

(Amendment Transmittal-page 2 of 5)